

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

SHIELDED DOME RESONATOR FOR MR SCANNING OF A CEREBRUM

Application Number :

Date :

First Named Applicant: James S. Tropp

Attorney Docket Number: GEMS 0200 PA

TOTAL FEE AUTHORIZED \$ 910

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

| Fee Description | Fee Code | Amount \$ | Fee Paid \$ |
|--|----------|-----------|-------------|
| Utility Filing Fee | 1001 | 750 | 750 |
| Subtotal For Basic Filing Fees: \$ 750 | | | |

EXTRA CLAIM FEES

| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ |
|--|-------------|----------|-----------|-------------|
| Total Claims : 22 | 2 | 1202 | 18 | 36 |
| Independent Claims : 4 | 1 | 1201 | 84 | 84 |
| Subtotal For Extra Claims Fees: \$ 120 | | | | |

ASSIGNMENT FEES

| Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ |
|---|-----------------|----------|----------|-----------|-------------|
| Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 8021 | 40 | 40 |
| Subtotal For Additional Fees: \$40 | | | | | |

AUTHORIZED BILLING INFORMATION**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit account number: 070845

Access Code ****

Deposit name: GE Medical Systems

Deposit authorized name: Jeffrey J. Chapp

Signature: Jeffrey J. Chapp

Date (YYYYMMDD):

2003-09-12

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).